

Interview Date:	Processing Time: :HR :MIN
Approval:	Action Taken:
Interviewer:	Computer Entry:

PRE-COMPLAINT QUESTIONNAIRE - UNRUH CIVIL RIGHTS
ACT, CIVIL CODE
SECTIONS 51.5 AND 54

The information requested on this form will help us to help you. There is no guarantee that the information submitted will constitute a basis for filing a formal complaint. Please check or answer only those questions that apply.

PLEASE PRINT DATE

NAME (First) (Middle) (Last)			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		AGE
ADDRESS (Number and Street) (Apt. #) (City) (County) (ZIP Code)					
TELEPHONE NUMBERS AND AREA CODES HOME ()		(Ext.)	DO YOU PREFER TO BE CONTACTED AT: <input type="checkbox"/> HOME <input type="checkbox"/> WORK		
WORK ()			PREFERRED TIME	PREFERRED DAYS	
NAME OF PERSON TO CONTACT IF YOU CANNOT BE REACHED			TELEPHONE NUMBER ()		
1. I WISH TO COMPLAIN AGAINST THE FOLLOWING BUSINESS ESTABLISHMENT (e.g., hotel, restaurant, bar, theater, store, amusement facility, transit system, medical facility, individual business person, etc.):					
NAME			TITLE	TELEPHONE NUMBER ()	
ADDRESS (Number and Street) (City) (County) (Zip Code)					
ADDRESS WHERE INCIDENT OCCURRED, IF DIFFERENT (Number and Street) (City) (County) (Zip Code)					
DATE OF THE ALLEGED DENIAL: _____					
2. I BELIEVE I WAS DISCRIMINATED AGAINST BECAUSE OF MY:					
<input type="checkbox"/> RACE	<input type="checkbox"/> COLOR	<input type="checkbox"/> AGE/CHILDREN	<input type="checkbox"/> SEX	<input type="checkbox"/> SEXUAL ORIENTATION	<input type="checkbox"/> MARITAL STATUS
<input type="checkbox"/> RELIGION (Please specify)		<input type="checkbox"/> DISABILITY (Please specify)		<input type="checkbox"/> NATIONAL ORIGIN/ANCESTRY (Please specify)	
3. DESCRIBE THE TYPE OF ACCOMMODATIONS, ADVANTAGES, FACILITIES, PRIVILEGES, OR SERVICES YOU SOUGHT BUT WERE DENIED BY THE ABOVE-DESCRIBED BUSINESS ESTABLISHMENT.					
4. DID YOU RECEIVE ANY REASON FOR THE DENIAL? IF SO, PLEASE STATE THE REASON GIVEN, THE NAME OF THE PERSON WHO SUPPLIED IT AND THE DATE YOU RECEIVED IT.					
5. HAVE ANY CHARGES BEEN FILED AGAINST YOU IN CONNECTION WITH THIS INCIDENT? IF SO, PLEASE EXPLAIN IN DETAIL.					

6. LIST THE NAMES AND TELEPHONE NUMBERS (IF POSSIBLE) OF WITNESSES YOU FEEL COULD PROVIDE EVIDENCE IN YOUR SUPPORT:		
NAME	HOME TELEPHONE	WORK TELEPHONE
	()	()
	()	()
	()	()
7. DESCRIBE THE WAYS YOU HAVE BEEN INJURED BY THE BUSINESS ESTABLISHMENT'S FAILURE TO PROVIDE YOU THE ACCOMMODATIONS, ETC., YOU SOUGHT. PLEASE ITEMIZE MONEY DAMAGES. (For example, transportation costs to obtain alternative accommodations, time lost from work, additional cost of alternative accommodations, any other expenses you incurred.)		
8. WHAT INFORMATION, INCLUDING LETTERS OR OTHER DOCUMENTS, DO YOU HAVE TO INDICATE THAT YOU WERE TREATED DIFFERENTLY THAN OTHER APPLICANTS, PATRONS, ETC.? DESCRIBE IN DETAIL WHAT HAPPENED, INCLUDING DATES, PLACES, NAMES OF PEOPLE INVOLVED AND ANY SPECIFIC STATEMENTS YOU CAN RECALL. (Use extra sheets of paper if necessary.)		
9. IF AN INVESTIGATION PROVES YOU WERE DISCRIMINATED AGAINST, WHAT REMEDY ARE YOU SEEKING?		
10. OTHER ACTIONS: HAVE YOU FILED WITH ANY OTHER AGENCY OR GROUP? <input type="checkbox"/> YES* <input type="checkbox"/> NO		
*IF "YES," GIVE NAME		TELEPHONE NUMBER ()
ADDRESS (Number and Street) (City) (Zip Code)		
CONTACT PERSON	WHAT HAS THIS PERSON DONE FOR YOU ON THIS PROBLEM?	
DO YOU PLAN TO TAKE THIS MATTER TO COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED		DO YOU HAVE AN ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF ATTORNEY		TELEPHONE NUMBER ()
ADDRESS (Number and Street) (City) (Zip Code)		
11. I LEARNED ABOUT THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING FROM: (Be specific)		
12. PERSONAL DATA:		
RACE/ETHNICITY (Check box that best describes) <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander (specify) _____ <input type="checkbox"/> African-American <input type="checkbox"/> African – Other <input type="checkbox"/> Caucasian (non-Hispanic) <input type="checkbox"/> Hispanic (specify) _____		PRIMARY LANGUAGE _____ -
SOCIAL SECURITY NUMBER: _____ <small>(The Federal Privacy Act of 1974 prohibits a state government agency from requiring disclosure of an individual's Social Security Number. Disclosure of your Social Security Number is voluntary.)</small>		DATE OF BIRTH ____/____/____
		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
EMPLOYED BY	JOB TITLE	
LENGTH OF TIME WITH EMPLOYER	MONTHLY INCOME \$	OTHER INCOME \$

DO NOT WRITE IN THIS AREA
INTERVIEWER'S NOTES

Complainant's assertions:

What does Complainant say will be the Respondent's position?

Comparative data/relevant information:

Complaint taken for investigation: Yes ____ No ____

If taken, additional remedy information:

If not taken, rationale:

Complainant advised of statute of limitations? Yes ____ No ____

Date statute runs:

Complainant advised of other agencies? Yes ____ No ____

FOR OFFICIAL USE ONLY

DFEH CODE: LAW ____ BASIS ____ ACT ____ REJECT ____ PUBLIC ____

DFEH-600-02 (01/03)